

# APPLICATION FOR SUBDIVISION

The Cheatham County Department of Codes, Building Safety, and Land Use  
338 Frey St. / Ashland City, TN 37015 / (615) 792-7915 / Fax (615) 792-2040 / [codes@cheathamcountytn.gov](mailto:codes@cheathamcountytn.gov)

## Engineering Fees Charged to Applicants

Any review of subdivision, plats, construction plans, FEMA reviews, etc., will be the responsibility of the property owner requesting the review and all fees will be collected at the time of approval.

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There will be a \$5.00 ARCHIVE FEE charged for all applications

\_\_\_\_\_ **MAJOR SUBDIVISION / Fee \$250.00:** A division of land into two (2) or more lots that include any of the following:

- a. A new or extended public or private street, street right-of-way or easement, but not including future street alignments illustrated in the plan of resubdivision.
- b. Improvements within an existing street right-of-way, other than repair or construction of sidewalks or other pedestrian connections required by these regulations, fire hydrants and other minor improvements to the lots being created;
- c. A future public school site, park site, greenway corridor open space site shown on the adopted County Development Plan;
- d. The dedication of a right-of-way or easement for construction of a public water distribution or sewerage collection lines; and
- e. Dedications, reservation, improvements or environmental conditions that, in the opinion of the Community Planner, require construction documents to be reviewed prior to Final Plan approval in order to insure the public health, safety and welfare.

**Major Subdivision Approval Process Includes:** Conceptual Plan Approval \_\_\_\_\_ Development Plan \_\_\_\_\_  
Approval Date Approval Date  
Preliminary Plat \_\_\_\_\_ Final Plat \_\_\_\_\_  
Approval Date Approval Date

\_\_\_\_\_ **MINOR SUBDIVISION / Fee \$150.00**

\_\_\_\_\_ **VACATION OF PLAT / Fee \$150.00**

\_\_\_\_\_ **PLAT AMENDMENT / Fee \$150.00**

\_\_\_\_\_ **PARTITION / Fee \$150.00**

DATE RECEIVED: \_\_\_\_\_

NAME AND ADDRESS OF OWNERS OF SUBJECT PROPERTY:

\_\_\_\_\_ TELE: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

**\*\*APPLICANT &/OR AUTHORIZED AGENT IS REQUIRED TO ATTEND MEETING\*\***

NAME OF APPLICANT IF DIFFERENT FROM OWNER:

\_\_\_\_\_ TELE: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

DESCRIPTION OF SUBJECT PROPERTY:

MAP# \_\_\_\_\_ PARCEL# \_\_\_\_\_ ACREAGE \_\_\_\_\_ ZONE \_\_\_\_\_

NAME OF PROPOSED SUBDIVISION: \_\_\_\_\_

NUMBER OF LOTS IN SAID SUBDIVISION \_\_\_\_\_

ROAD NAME \_\_\_\_\_

IS THE PROPERTY IN THE CHEATHAM COUNTY GROWT PLAN? \_\_\_\_\_

TO MY KNOWLEDGE, INFORMATION AND BELIEF, THE ABOVE INFORMATION IS CORRECT. (FALSE STATEMENT HEREIN MAY BE GROUNDS FOR DISMISSAL AND/OR DEFERRAL OF THIS APPLICATION).

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APPLICANTS SIGNATURE